2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 JAN 17 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000005812

1. Entity Name
MY BUDDY INVESTMENTS, LLC

01072008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
123 ALTON ROAD MIAMI BEACH, FL 33139	123 ALTON ROAD MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
755 41 street Suite, Apt. #, etc.	755 41 street Suite, Apt. #, etc.
City & State: Miami Beach, Florida	City & State: Miami Beach, Florida
Zip: 33140 Country: USA	Zip: 33140 Country: USA

4. FEI Number: 20-4133356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBAUM, BETTY
123 ALTON ROAD
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name: Rosenbaum International Law Firm, PA
Street Address (P.O. Box Number is Not Acceptable): c/o Betty Rosenbaum
755 41 Street
City: Miami Beach FL Zip Code: 33140

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 1/7/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ROSENBAUM, BETTY 123 ALTON ROAD MIAMI BEACH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Rosenbaum, Betty 755 41 street Miami Beach, Florida 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 1/7/08 305-333-5308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #